If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Application

Request for Extension to Comply with Order

Request for Cancellation of Certificate

Request for Suspension

Request for Reinstatement

Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

Proposed Order

Publisher's Affidavit

Reservation Letter

Return to Petition

Response

Other:

# PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

Date: 3/23/10

#### Reunstatement OF PUBLIC CONVENIENCE AND NECESSITY FOR APPLICATION FOR € OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - CHARTER	Reinstatement
Application is hereby made for a Certificate of S.C. Code Ann., § 58-23-10, et seq. (1976),	Public Convenience and Necessity, in accordance with the provision and amendments thereto.
Name under which business is to be conducted	(corporation, partnership, or sole proprietorship, with or without trade name.)
FRED JOHNSON J	R DBA JC Limo Service  GOOSE CREEK S.C. 29445  Street Address of Applicant
Mailing Addres	ss of Applicant if different from street address
843-425-1703 Phone	
Phone	Fax
	Email Address
2. If incorporated, a copy of Articles of Incorporation of State "Foreign Corporation"	rporation must be attached. (If incorporated outside of SC, attach SC Certificate.)
3. Select Entity Type: (Check one)	
Individual Owner/Sole Proprietorship	
<ul> <li>Partnership - List names and address</li> </ul>	of all person having an interest in the business.
☐ Corporation - List names and address	es of two principal officers.

lof9

# PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates a	nd Charges for Service ar	re as follows:		
\$250 PR +				
Counties to be Served:		Statewide	-	
Maximum Number of Pas	ssengers per Vehicle: PNSSENGER	! <b>S</b>		

## DESCRIPTION OF EQUIPMENT

MAKE YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
LINCOLN TOWN CAN	683676	4040	9 pass

## INSURANCE QUOTE

he following insurance quote is for:	
NORHUE	AND TAKUTONCE
1001011121	Name of Motor Carrier
A	Address of Motor Carrier
amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ 250,000	Limits
The above quoted premium is for a term of _	12 months.
Minimum Limits - Intrastate Only: 1-7 Passengers 8-15 Passengers	\$ 25,000/50,000/25,000 \$ 25,000/100,000/25,000
NORTHIAND	INSULONCE COMPANY  Name of Insurance Company
Hon	ne Office Address of Company
I am familiar with the Commission's Rules ar meets the minimum insurance limits prescrib South Carolina Department of Insurance to d	and Regulations relating to insurance requirements and the above quoted. The insurance company making this quote is authorized by the lo business in South Carolina.
3/25/10	Authorized Insurance Company Representative's Signature
Pale	Authorized insurance Company Representative 2 4-Breast

current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

#### Exhibit FWA

		Name of Applicant
1.	Are there currently any out:  Yes	standing judgments against the Applicant?
	_	udgement(s) against applicant.
2.	Is Applicant familiar with carrier operations in South statutes and regulations?	all statutes and regulations, including safety regulations and governing for-hire motor south Carolina, and does Applicant agree to operate in compliance with these
	Yes	○ No
3.	Is Applicant aware of the therewith?	Commission's insurance requirements and the insurance premium costs associated
		○ No

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#### **Exhibit on Driver Qualifications**

l.	. Applicant understands that all drivers must be a minimum of 18 years of age.			
	<b>(29</b> )	Yes	0	No
				en e
2.	and su		νV	ified copy of the driver's three (3) year driving record issued by the SC DMV of the state in which the driver is or has been domiciled for such period must business office.
	<b>Ø</b>	Yes	0	No
3.		cant understands that a be maintained in the A		ninal history background check from the state where the driver currently lives cant's business office.
	$\odot$	Yes	0	No
4.	their	cant understands that a possession when opera of residence of the driver	ting	ivers operating a vehicle under a Class C Charter Certificate must have in a charter vehicle, a valid driver's license issued by the SC DMV or the current
	<b>②</b>	Yes	0	No
5.	vehic State	les to drivers who are	regis	lass C Charter Certificate holders are prohibited from employing or leasing stered, or required to be registered, as sex offenders with the South Carolina or any national registry of sex offenders.  No